DEPARTMENT OF STATE HEALTH SERVICES

Amendment
To

The Department of State Health Services (DSHS) and CORPUS CHRISTI-NUECES CO PUBLIC HEALTH DISTRICT (Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to Contract # 2012-041172 (Contract) in accordance with this Amendment No. 001A : CHS-BREAST AND CERVICAL CANCER, effective 04/11/2013 .

The purpose of this Amendment is to increase budget due to realignment of funds.

Therefore, DSHS and Contractor agree as follows:

It is mutually agreed by and between the contracting parties to amend the terms and conditions as written below.

Change Program Attachment Number as follows:

PROGRAM ATTACHMENT NO. ~~001~~ **001A**

SECTION II. PERFORMANCE MEASURES, is revised to reflect change in number of clients served as follows:

Contractor must provide breast and cervical services to ~~625~~ **730** unduplicated clients who live or receive services in the following county(ies)/area: Nueces.

SECTION VII. BUDGET, is revised to reflect change as follows:

SOURCE OF FUNDS: CFDA #: **93.283;** 93.558.667; **93.744.000;** State

Type of Service	Funding Amount
Screening and Diagnostic	~~**$171,895.00**~~ **$183,933.00**
Case Management and MBCC Case Management	**$19,099.00** **$19,099.00**
Cervical Dysplasia Treatment	~~**$6,010.00**~~ **$5,108.00**
Diagnostic Mammograms ages 40-64 (Private Donations Funding)	~~**$4,198.00**~~ **$6,717.00**
Breast Cancer Screening Services for Women ages 40-49 (Private Donations Funding)	~~**$3,153.00**~~ **$5,045.00**

Total payments for services provided under this Program Attachment shall not exceed ~~**204,355.00.**~~ **$219,902.00.**

All other terms and conditions not hereby amended are to remain in full force and effect. In the event of a conflict between the terms of this contract and the terms of this Amendment, this Amendment shall control.

Department of State Health Services

_____
Signature of Authorized Official

Date: _____

Bob Burnette, C.P.M., CTPM

Director, Client Services Contracting Unit

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

(512) 458-7470

Bob.Burnette@dshs.state.tx.us

Corpus Christi Nueces County Public Health District

_____
Signature of Authorized Official

Date: _____

Name: _____

Title: _____

Address: _____

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Phone: _____

Email: _____